

# **DIVORCE WITH CHILDREN**

# **4**

## **The Court Order**

**Part 4: To get the Divorce Order  
(Forms Packet)**

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## SELF SERVICE CENTER

# DISSOLUTION (DIVORCE) OF A NON-COVENANT MARRIAGE WITH CHILDREN FOR PETITIONER OR RESPONDENT

## PART 4 -- THE COURT ORDER (DIVORCE DECREE)

**How to assemble these documents:** This packet contains court forms for a ***“Decree of Dissolution of Marriage (Divorce) – With Children.”*** This packet is for a **non-covenant** marriage with children. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	DRDC8ft	Table of forms in this packet	1
2	DRDC8k	Checklist	1
3	DRDC81f	<b><i>“Decree of Dissolution of Marriage (Divorce) -- With Children”</i></b>	11
4	DRCVG11f	<b><i>“Parenting Plan”</i></b>	5
5	DRS12f	<b><i>“Child Support Worksheet”</i></b>	7
6	DRS82f	<b><i>“Order of Assignment”</i></b>	1
7	DRS88f	<b><i>“Current Employer Information Sheet”</i></b>	1
8	DRS89f	<b><i>“Judgment Data Sheet”</i></b>	1

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## SELF SERVICE CENTER

### DISSOLUTION (DIVORCE) DECREE FOR A NON-COVENANT MARRIAGE-- WITH CHILDREN

#### CHECKLIST

Use the forms and instructions in this packet only if the following factors apply to your situation:

- ✓ You or your spouse filed a ***"Petition for Dissolution of a Non-Covenant Marriage (Divorce) With Children,"*** AND
- ✓ You and your spouse have children with each other **OR** the wife is pregnant by the husband or will be pregnant by the husband before the divorce is over, **AND**
- ✓ You have attended the Parent Information Program class and have filed your certificate with the Clerk of the Court, **AND,**
- ✓ You are ready to complete the court papers about the divorce decree. This means one of the following things:
  - 1. You are going to a default hearing; **OR**
  - 2. You meet the requirements to submit your papers by default without a hearing;

**OR**

  - 3. You and your spouse both agree on the divorce terms and have completed packet number (3) three, the Stipulation to Consent to a Decree, **OR**
  - 4. You are going to a divorce trial.

**READ ME:** It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

Name or Lawyer's Name: (A) \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
ATLAS Number: \_\_\_\_\_  
State Bar Number: \_\_\_\_\_  
Representing ☐ Self (Without a Lawyer) or ☐ Petitioner or ☐ Respondent

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

\_\_\_\_\_  
(Name of Petitioner) (B)

Case Number: \_\_\_\_\_ (C)

**DECREE OF DISSOLUTION OF MARRIAGE  
(DIVORCE) WITH CHILDREN**

\_\_\_\_\_  
(Name of Respondent)

☐ By Consent (D)  
☐ By Default  
☐ After Trial

**THE COURT FINDS: (E)**

1. This case has come before this court for a final Decree of Dissolution of Marriage. The court has taken all testimony needed to enter a Decree, or the court has determined testimony is not needed to enter the Decree.
2. This court has jurisdiction over the parties under the law and the provisions of this Decree are fair and reasonable under the circumstances, and are in the best interests of the minor child(ren) as to custody, parent access (visitation), and support.

**SERVICE BY PUBLICATION:**

If Respondent was served by publication and was not personally served, this court cannot make a legal order, with respect to issues of child support, medical and dental insurance, payments, expenses for the minor child(ren), community property or debt, or spousal maintenance/support. The court reserves jurisdiction until personal service is made upon Respondent to consider the maintenance/support of either spouse, the disposition of community property or debts, child support, and any other relief requested in the Petition or orders deemed necessary by the court.

**3. The Court finds that:**

- a. **90 Day Requirement:** At the time this action was filed, the Petitioner or the Respondent had lived in Arizona for more than 90 days, or had lived in Arizona while a member of the United States Armed Forces for more than 90 days.
- b. **Conciliation Court.** The provisions relating to the Conciliation Court either do not apply or have been met.
- c. **Irretrievably Broken.** The marriage is irretrievably broken or the parties desire to live separate and apart. This marriage is not a covenant marriage.

- d. **Custody, Support, Spousal Maintenance/Support, Division of Property and Debt.** Where it has the legal power and where it is applicable to the facts of this case, this court has considered, approved, and made Orders relating to issues of child custody, parent access (visitation), child support, spousal maintenance/support (alimony), and the division of property and/or debts.
- e. **Community Property and Debt.**  
☐ The parties did **not** acquire any community property or debt during the marriage, **OR**  
☐ The parties have agreed to a division of community property and/or debt as evidenced by their signatures on **"Exhibit A"** attached to and incorporated into this Decree, **OR**  
☐ There is no agreement as to division of community property and debt, but all community property and debt is divided pursuant to this Decree.
- f. **Pregnancy.**  
☐ Wife is **not** pregnant, **OR**  
☐ Wife is pregnant, and the husband ☐ **IS** OR ☐ **IS NOT** the father of the child.
- g. **Spousal Maintenance/Support.**  
☐ The Petitioner, **OR**  
☐ The Respondent lacks enough property, including property given to him or her as part of this divorce, to provide for his or her reasonable needs, and is unable to support himself or herself through an appropriate job, or he or she is providing the primary care to a child(ren) of young age or is of a condition that they should not be required to look for work outside the home, or lacks earning ability necessary to support himself or herself, or contributed significantly to the educational opportunities of the other spouse, or had a marriage that lasted a long time and is of an age that may severely limit the possibility of getting a job to support himself or herself.
- h. **Parent Information Program.**  
1. Petitioner ☐ has attended the Parent Information Program class as evidenced by the **"Certificate of Completion"** in the court file. **OR**  
Petitioner ☐ has not attended the Parent Information Program class and ☐ shall be denied any requested relief to enforce or modify this decree until Petitioner has completed the class.  
2. Respondent ☐ has attended the Parent Information Program class as evidenced by the **"Certificate of Completion"** in the court file. **OR**  
Respondent ☐ has **not** attended the Parent Information Program class and ☐ shall be denied any requested relief to enforce or modify this decree until Respondent has completed the class.
- i. **Deviation from Child Support.** The court, having considered the best interests of the child(ren), deviates from the guidelines for the following reasons:  
ii.  
☐ Application of the guidelines is inappropriate  
☐ Application of the guidelines is unjust  
☐ The parties have signed a written agreement with knowledge of the amount of support that would have been ordered by the guidelines but for the agreement.

**The court makes the following finding regarding the deviation:**

- ☐ The child support order would have been \$ \_\_\_\_\_  
☐ The child support order after deviation is \$ \_\_\_\_\_  
☐ All parties have signed the agreement free of duress and coercion.

- j. **Physical Custody Adjustment, Court Approved Discretionary Visitation Adjustment And/or other Adjustments.** (The court must make written findings if any of these adjustments are made.)

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- k. The court finds that the person responsible for paying child support has the ability to pay child support:

<input type="checkbox"/>	In the amount entered on Line 34 of the Worksheet for	\$ _____
<input type="checkbox"/>	In an adjusted amount calculated using the self-support reserve on line 35 of the Worksheet for	\$ _____

- l. **Custody of Minor Child(ren).** (Check/complete only if custody is contested or joint custody is ordered.)

- ☐ The custody order or agreement is in the best interests of the child(ren) for the following reasons: (List the reasons.)

REASONS: \_\_\_\_\_  
\_\_\_\_\_

- m. **Supervised or No Visitation.** (Check and complete only if supervised or no visitation is ordered.)

- ☐ **Supervised Visitation** between the children and ☐ Petitioner **OR** ☐ Respondent, **or**  
☐ **No Visitation** by ☐ Petitioner **OR** ☐ Respondent, is in the best interests of the child(ren), for the following reasons: (Explain the reasons)

REASONS: \_\_\_\_\_  
\_\_\_\_\_

- n. **Domestic Violence.** If the court enters an order for joint custody of the child(ren), check box "1" or box "2" and explain.

1. ☐ Domestic violence has not occurred during this marriage, **OR**  
2. ☐ Domestic violence has occurred, but the domestic violence **has not** been significant. Explain why joint custody is in the best interest of the child(ren) even though domestic violence has occurred:

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## THE COURT ORDERS: (F)

1. **MARRIAGE IS DISSOLVED:** The marriage of the parties is dissolved and the parties are restored to the legal status of single persons.

2. **NAMES:**

Wife's name is restored to \_\_\_\_\_. (Put only the last name here.)  
Husband's name is restored to \_\_\_\_\_. (Put only the last name here.)

3. **ENFORCEMENT OF TEMPORARY ORDERS:** All obligations ordered to be paid by the parties in Temporary Orders dated (fill in dates of ALL temporary orders here) \_\_\_\_\_

are satisfied in full or ☐ judgment is awarded against the party with the obligation up to the amount due and owing as of the date of this Decree, with the highest legal interest allowed by law, for the total amount of \$\_\_\_\_\_.

4. **CHILD CUSTODY, PARENT CHILD ACCESS, AND CHILD SUPPORT:**

a. **PREGNANCY:**

☐ A child who is common to the parties is expected to be born this date: \_\_\_\_\_  
All orders below as to custody, access (visitation), support, and medical insurance/expenses include this child and all other children named below.

b. **CHILDREN:** This Decree includes all minor children common to the parties as follows:

**NAME(S) OF CHILD(REN)**

**D/O/B(s) Birth/Social Security Number(s)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. **CHILD CUSTODY:**

1. ☐ **SOLE CUSTODY:** Sole custody of the minor child(ren) is awarded to:  
☐ Petitioner, **OR** ☐ Respondent, subject to visitation as follows:

- ☐ Visitation to the parent not having custody, according to the terms of the Parenting Plan attached as Exhibit B and made a part of this Decree. **OR,**  
☐ Supervised visitation to ☐ Petitioner **OR** ☐ Respondent according to the terms of the Parenting Plan attached as Exhibit B. Visitation may only take place in the presence of another person, named below or otherwise approved by the court.

Name of supervisor: \_\_\_\_\_

Restrictions on visitation: \_\_\_\_\_

\_\_\_\_\_

The cost of supervised visitation will be paid by ☐ Petitioner **OR**

- ☐ Respondent **OR** ☐ shared equally by the parties. **OR**  
☐ No visitation rights to ☐ Petitioner **OR** ☐ Respondent. **OR,**

2. ☐ **JOINT CUSTODY:** Petitioner and Respondent agree to act as joint custodians of the child(ren), as set forth in the Joint Custody Agreement/Parenting Plan by the parties, signed by both parties and attached to this Decree as **"Exhibit B."** There have been no significant acts of Domestic Violence by either parent. The court adopts the terms of the Joint Custody Agreement/Parenting Plan describing the custody and visitation agreement between the parties. By attaching the Joint Custody Agreement/Parenting Plan to the Decree, the Agreement becomes part of the Decree and carries the same legal weight as the Decree.

d. **CHILD SUPPORT:** ☐ Petitioner, **OR** ☐ Respondent shall pay child support to the other party in the amount of \$\_\_\_\_\_ per month, beginning **THE FIRST DAY OF THE MONTH** following the date this Decree is signed by the judge until further order of the court. Child Support is based on the information in the Child Support Worksheet attached hereto and incorporated by reference. All child support payments shall be made through the Clerk of the Court/Clearinghouse, and must include the statutory fee by the Order of Assignment signed this date. Payments will be in equal installments made on the 1st and 15th of each month.

e. **MEDICAL AND DENTAL INSURANCE, PAYMENTS, AND EXPENSES:**  
☐ Petitioner, **OR** ☐ Respondent is ordered to provide medical and dental insurance for the minor child(ren). Medical and dental insurance, payments, and expenses is based on the information in the Child Support Worksheet attached hereto and incorporated by reference. The party ordered to pay must keep the other party informed of the insurance company name, address, and telephone number, and must give the other party the documents necessary to submit insurance claims.

**FURTHER,**

☐ Petitioner is ordered to pay \_\_\_\_\_ %, **AND**  
☐ Respondent is ordered to pay \_\_\_\_\_ %  
of all reasonable uncovered and/or uninsured medical, dental, prescription, and other health care charges for the minor child(ren), including co-payments.

**5. SPOUSAL MAINTENANCE/SUPPORT:**

a. ☐ Neither party shall pay spousal maintenance/support (alimony) to the other party, **OR**  
b. ☐ Petitioner, **OR** ☐ Respondent is ordered to pay ☐ Respondent or ☐ Petitioner the sum of \$\_\_\_\_\_ per month spousal maintenance/support **BEGINNING THE FIRST DAY OF THE MONTH** after this Decree is signed. Each payment shall be made by the first day of each month after that and shall continue until the receiving party is remarried or deceased or until (date) \_\_\_\_\_. All payments shall be made through the Clerk of this Court by automatic wage assignment, until all required payments have been made under this Decree. Payments made shall be included in receiving spouse's taxable income and is tax deductible from the paying spouse's income as required by law. Spousal maintenance/support payments end if the receiving party is remarried or deceased.

**6. PROPERTY, DEBTS AND TAX RETURNS:**

a. ☐ Petitioner is ordered to pay all debts unknown to Respondent, **AND**  
☐ Respondent is ordered to pay all debts unknown to Petitioner, **AND**  
☐ Each party is ordered to pay his or her debts from the following date,  
b. ☐ Other orders and relief relating to property or debt are contained in Exhibit A, which is attached and incorporated into this Decree.  
c. ☐ Each party is assigned his or her separate property and Petitioner must pay his/her separate debt, and Respondent must pay his/her separate debt.  
d. ☐ This Decree can be used as a transfer of title and can be recorded. Parties shall sign all documents necessary to complete all transfer of title ordered in this Decree, such as motor vehicles, houses, and bank accounts. The parties shall transfer all real and personal property as described in Exhibit A to the other party on or before \_\_\_\_\_ by 5:00 p.m.

If the party required to transfer the property has not transferred the property to the party entitled to receive the property on or before the date and time listed above, the party entitled to receive the property is entitled upon application to a Writ of Assistance or Writ of



Execution to be issued by the Clerk of the Court commanding the sheriff to put him or her in possession of the property.

- e. ☐ For previous calendar years, pursuant to IRS rules and regulations, the parties will file ☐ joint federal and state income tax returns and hold the other harmless from half of all additional income taxes if any and other costs, and each will share equally in any refunds, OR ☐ separate federal and state income tax returns. AND, ☐ This calendar year and continuing thereafter, each party will file separate federal and state income tax returns. AND, ☐ Each party shall give the other party all necessary documentation to file all tax returns.

7. **FINANCIAL INFORMATION EXCHANGES:** The parties shall exchange financial information (tax returns, spousal affidavits, earning statements and/or other related financial statements) every twenty-four months.

8. **TAX EXEMPTION:** The parties shall claim as income tax dependency exemptions on federal and state tax returns as follows. A party required to pay child support is only entitled to claim a child(ren) as an income tax dependency exemption if that parent has paid all of the child support due and owing for the year that party is entitled to the exemption:

Parent entitled to claim	Name of child	Tax year
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	_____	_____
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	_____	_____
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	_____	_____
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	_____	_____
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	_____	_____

9. **CHILDREN TO WHOM THIS DECREE DOES NOT APPLY:** It is ordered that ☐ Petitioner, OR ☐ Respondent has no legal obligation or right to the child(ren) born during the marriage but **not** common to the marriage. These children include: (Use additional paper if necessary)

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Child expected to be born this date: \_\_\_\_\_

10. **FINAL APPEALABLE ORDER.** Pursuant to Arizona Rules of Civil Procedure, Rule 58, this final judgment/decreed is settled, approved and signed by the court and shall be entered by the clerk.

11. **OTHER ORDERS.** (List any other orders.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DONE IN OPEN COURT: \_\_\_\_\_.(G)

\_\_\_\_\_  
JUDGE OR COURT COMMISSIONER

**IMPORTANT. READ ME.** Arizona law (ARS 25-503(I)) states that, with certain exceptions, an unpaid child support order that became a judgment by operation of law (this means that it became a judgment when it was due and unpaid) expires three years after the emancipation of the last remaining un-emancipated child who was included in the court order unless it is reduced to a formal written judgment by the court. The person who is owed child support must apply in writing to the court to obtain a formal written judgment.

**APPROVED BY: (H)**

Petitioner: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to me by the Petitioner, this \_\_\_\_\_ day of \_\_\_\_\_,

My Commission Expires :

\_\_\_\_\_  
Notary Public

**If you are filing a Consent Decree or if there has been a trial, the Respondent must sign:**

Respondent: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to me by the Respondent, this \_\_\_\_\_ day of \_\_\_\_\_,

My Commission Expires:

\_\_\_\_\_  
Notary Public

**If either party is represented by a lawyer, the lawyer must sign:**

Petitioner's Lawyer: \_\_\_\_\_ Date: \_\_\_\_\_

Respondent's Lawyer: \_\_\_\_\_ Date: \_\_\_\_\_

**(If you are the Petitioner and have a Default Hearing, and Respondent was served with the court papers by signing an Acceptance of Service, or by Registered Process Server or Sheriff, you must mail or give a copy of the Decree to the Respondent after the Judge has signed it. You must tell the court you will do this.)**

**By signing below, Petitioner promises that a copy of the Decree will be mailed to Respondent at the following address:**

**Respondent's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip code:** \_\_\_\_\_

**Petitioner's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## EXHIBIT A: PROPERTY AND DEBTS (I)

**1a. DIVISION OF COMMUNITY PROPERTY:**

☐ The following community property is awarded to each party as follows:

**1b. LIST OF COMMUNITY PROPERTY. Be specific**

**AWARD TO:**

Petitioner      Respondent

<input type="checkbox"/>	Household furniture/furnishings	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Appliances	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	VCR	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	TV	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Personal Computer	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Stereo	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	State Income Tax Refund	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Federal Income Tax Refund	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Motor vehicle _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Motor vehicle _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Motor vehicle _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Cash, bonds of \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Award each party the personal property in his or her possession.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Continued on reverse side or see attached list.	<input type="checkbox"/>	<input type="checkbox"/>

**1c. DIVISION OF RETIREMENT, PENSION, DEFERRED COMPENSATION**

**(WARNING. You should see a lawyer about your retirement, pension, deferred compensation, 401k plans and/or benefits. If you do not see a lawyer regarding these assets, you risk losing any interest you have in these plans and/or benefits. There are certain documents the plan administrator must have. Only a lawyer can help you prepare these documents.)**

☐ Award each party his or her interest in any retirement benefits, pension plans, or other deferred compensation described as:

Petitioner's: \_\_\_\_\_

Respondent's: \_\_\_\_\_

OR

☐ The Plan Administrator and the parties have approved the Qualified Domestic Relations Order (QDRO) attached as Exhibit(s) \_\_\_\_\_. Do not check this box without first seeking the help of a lawyer.

- OR
- ☐ Each party **WAIVES AND GIVES UP** his or her interest in any retirement benefits, pension plan, or other deferred compensation of the other party:
- ☐ Signature of Petitioner: \_\_\_\_\_
- ☐ Signature of Respondent: \_\_\_\_\_

- OR
- ☐ Neither party has a retirement, pension, deferred compensation, 401K Plan and/or benefits.

**1d. DIVISION OF REAL PROPERTY.** Section A is for one piece of property. Section B is for another piece of property. If you own more than two pieces of property, check the box below and attach another sheet of paper with the information requested in A and B.

- ☐ More than 2 pieces of property are involved. See attached sheet listing the same information as in A and B.

- A. Real property located at (address ) \_\_\_\_\_ which is legally described as: (You must provide the legal description. The legal description can be found on the deed to the property. If you do not provide the legal description, you may have to come back to court to amend the Decree to include the legal description.)

**LEGAL DESCRIPTION:**

The real property as described above is:

- ☐ Awarded to ☐ Petitioner OR Respondent as his or her sole and separate property.

OR

- ☐ Shall be sold and the proceeds divided as follows:

\_\_\_\_\_ % or \$ \_\_\_\_\_ to Petitioner.

\_\_\_\_\_ % or \$ \_\_\_\_\_ to Respondent.

- ☐ This Decree can be used as a transfer of title and can be recorded. Parties shall sign all documents necessary to complete all transfer of titles ordered in this Decree, such as motor vehicles, houses, and bank accounts.

- ☐ \_\_\_\_\_ is appointed real estate commissioner to sell this real property.

- B. Real property at (address ) \_\_\_\_\_ which is legally described as: (You must provide the legal description. The legal description can be found on the deed to the property. If you do not provide the legal description, you may have to come back to court to amend the Decree to include the legal description.)

**LEGAL DESCRIPTION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The real property as described above is:

- ☐ Awarded to ☐ Petitioner OR ☐ Respondent as his or her sole and separate property.

OR

- ☐ Shall be sold and the proceeds divided as follows:

\_\_\_\_\_ % or \$ \_\_\_\_\_ to Petitioner.

\_\_\_\_\_ % or \$ \_\_\_\_\_ to Respondent.

- ☐ This Decree can be used as a transfer of title and can be recorded. Parties shall sign all documents necessary to complete all transfer of titles ordered in this Decree, such as motor vehicles, houses, and bank accounts.
- ☐ \_\_\_\_\_ is appointed real estate commissioner to sell this real property.

**1e. DIVISION OF COMMUNITY DEBTS.** (You should see a lawyer about how to divide secured and unsecured debts.) ☐ The following community debts shall be divided as follows:

Creditor(s)	Amount owed	Petitioner	Respondent
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

- ☐ Continued on reverse side or attached list.
- ☐ Any debts or obligations incurred by either party before the Respondent was served with the Petition for Dissolution that are not identified in the list above or attached shall be paid by the party who incurred the debt or obligation and that party shall indemnify and hold the other party harmless from such debts.

**2a. SEPARATE PROPERTY.** The following separate property is awarded as follows: (Be specific)

Description of Property. Be specific.	Petitioner	Respondent
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

**2b. SEPARATE DEBT.** The parties are each ordered to pay his or her separate debt as follows:

Creditor(s)	Amount owed	Petitioner	Respondent
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

**SIGNATURES: (J)**

Date: \_\_\_\_\_

Approved by Petitioner: \_\_\_\_\_

Subscribed and sworn to me by the Petitioner, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public:

**If you are filing a Consent Decree or if there has been a trial, the Respondent must also sign:**

Date: \_\_\_\_\_

Approved by Respondent: \_\_\_\_\_

Subscribed and sworn to me by the Respondent, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**If either party is represented by a lawyer, the lawyer must sign:**

Date: \_\_\_\_\_

Approved by Petitioner's Lawyer:

Date: \_\_\_\_\_

Approved by Respondent's Lawyer:

**If a Guardian Ad Litem is appointed, the Guardian Ad Litem must approve on behalf of the child and sign below:**

Date: \_\_\_\_\_ Approved by Guardian Ad Litem:

**If the Attorney General is involved in this case, the Attorney General must approve the child support amount only and sign below:**

Date: \_\_\_\_\_ Child Support Amount Approved by Attorney General :

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
ATLAS Number (if applicable): \_\_\_\_\_  
Attorney Bar Number (if applicable): \_\_\_\_\_  
Representing ☐ Self (Without Attorney) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

Name of Petitioner \_\_\_\_\_ Case Number \_\_\_\_\_  
AND  
\_\_\_\_\_  
Name of Respondent \_\_\_\_\_  
**PARENTING PLAN**  
☐ FOR JOINT CUSTODY WITH JOINT  
CUSTODY AGREEMENT OR  
☐ SOLE CUSTODY  
☐ Mother  
☐ Father

### INSTRUCTIONS

**This document has 3 parts:** PART 1) General Information; PART 2) Custody and Parenting Time;  
PART 3) Joint Custody Agreement.

**One or both parents must complete and sign the Plan as follows:**

- a. **If both parents agree to joint custody:** Both parents must sign the Plan at the end of PART 2 and at the end of PART 3;
- b. **If both parents agree to custody and parenting time arrangements but not to joint custody:** Both parents must sign the Plan at the end of PART 2;
- c. **If only one parent is submitting the Plan:** That parent must sign at the end of PART 2.

### PART 1: GENERAL INFORMATION:

**A. CHILDREN.** This Plan concerns the following children: (Use additional paper if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. CUSTODY ARRANGEMENTS REQUESTED IN THIS PLAN:** The following custody arrangement is requested: (Check the box(es) that apply.)

- ☐ **JOINT LEGAL CUSTODY DETERMINATION DEFERRED:** The parent's request for joint legal custody is deferred to the court for determination. **OR,**  
☐ **JOINT LEGAL CUSTODY AGREEMENT:** The parents agree to joint legal custody and request the court to approve the joint legal custody arrangement as described in this Plan,  
**OR**  
☐ Mother or ☐ Father will be the primary custodial parent

☐ **SOLE LEGAL CUSTODY AGREEMENT:** The parents agree that ☐ Mother or ☐ Father will be the parent with sole legal custody and shall be the primary custodial parent. The parents agree that since each has a unique contribution to offer to the growth and development of their child(ren), each of them will continue to have a full and active role in providing a sound moral, social, economic, and educational environment for the benefit of the child(ren), as described in the following pages. **OR,**

☐ **SOLE LEGAL CUSTODY REQUESTED BY THE PARENT SUBMITTING THIS PLAN:** The parents cannot agree to the terms of custody and parenting time. The parent submitting this Plan asks the court to order custody and parenting time according to this Plan.

☐ **RESTRICTED, SUPERVISED, OR NO PARENTING TIME:** The parent submitting this Plan asks the court for an order restricting parenting time. The facts and information related to this request are described in the Petition.

**PART 2: CUSTODY AND PARENTING TIME.** Complete each section below. Be specific about what you want the judge to approve in the court order.

**A. WEEKDAY AND WEEKEND SCHEDULE:** The time-sharing schedule will be as follows:

☐ The children will be in the care of Father as follows: (Explain).

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☐ The children will be in the care of Mother as follows: (Explain).

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☐ Other custody arrangements are as follows: (Explain).

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☐ Transportation will be provided as follows:

☐ Mother or ☐ Father will pick the children up at \_\_\_\_\_ o'clock.

☐ Mother or ☐ Father will drop the children off at \_\_\_\_\_ o'clock.

Parents may change their time-share arrangements by mutual agreement with at least \_\_\_\_ days notice in advance to the other parent.

**B. SUMMER MONTHS OR SCHOOL BREAK LONGER THAN 4 DAYS:** The weekday and weekend schedule described above will apply for all 12 calendar months **EXCEPT:**

☐ During summer months or school breaks that last longer than 4 days, no changes shall be made. **OR,**

☐ During summer months or school breaks that last longer than 4 days, the child(ren) will be in the care of Father: (Explain.)

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- ☐ During summer months or school breaks that last longer than 4 days, the child(ren) will be in the care of Mother: (Explain.) \_\_\_\_\_
- ☐ Each parent is entitled to a \_\_\_\_\_ week period of vacation time with the child(ren). The parents will work out the details of the vacation at least \_\_\_\_\_ days in advance.
- ☐ Should either parent travel out of the area with the child(ren), each parent will keep the other parent informed of travel plans, address(es), and telephone number(s) at which that parent and the child(ren) can be reached.
- ☐ Neither parent shall travel with the child(ren) outside Arizona for longer than \_\_\_\_\_ days without the prior written consent of the other parent or order of the court.

**C. HOLIDAY SCHEDULE:** The holiday schedule takes priority over the regular time-sharing schedule as described above. Check the box(es) that apply and indicate the years of the holiday access/ Parenting time schedule.

Holiday	Even Years	Odd Years
<input type="checkbox"/> New Year's Eve	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> New Year's Day	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Spring Vacation	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Easter	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> 4th of July	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Halloween	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Veteran's Day	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Thanksgiving	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Hanukkah	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Christmas Eve	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Christmas Day	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Winter Break	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Children's Birthdays	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Mother's Day will be celebrated with the Mother every year.		
<input type="checkbox"/> Father's Day will be celebrated with the Father every year.		
<input type="checkbox"/> Each parent may have the child(ren) on his or her birthday.		
<input type="checkbox"/> Three-day weekends which include Martin Luther King Day, Presidents' Day, Memorial Day, Labor Day, Columbus Day, the children will remain in the care of the parent who has the child(ren) for the weekend.		
<input type="checkbox"/> Other Holidays (Describe the other holidays and the arrangement.)		
<input type="checkbox"/> Each parent may have telephone contact with the child(ren) during the child(ren)'s normal waking hours.		
<input type="checkbox"/> Other (Explain) _____		

**D. PARENTAL ACCESS TO RECORDS AND INFORMATION:** Under Arizona law (A.R.S. §25-403), unless otherwise provided by court order or law, on reasonable request, both parents are entitled to have equal access to documents and other information concerning the child(ren)'s education and physical, mental, moral and emotional health including medical, school, police, court and other records. A person who does not comply with a reasonable request for these records shall reimburse the requesting parent for court costs and attorney fees incurred by that parent to make the other parent obey this request. A parent who attempts to restrict the release of documents or information by the custodian of the records without a prior court order is subject to legal sanctions.

**E. EDUCATIONAL ARRANGEMENTS:**

- ☐ Both parents have the right to participate in school conferences, events and activities, and the right to consult with teachers and other school personnel.
- ☐ Both parents will make major educational decisions together. If the parents do not reach an agreement, then the final decision making regarding educational decisions shall be with ☐ Mother OR ☐ Father after consultation with \_\_\_\_\_.

**F. MEDICAL AND DENTAL ARRANGEMENTS:**

- ☐ Both parents have the right to authorize emergency medical treatment, if needed, and the right to consult with physicians and other medical practitioners. Both parents agree to advise the other parent immediately of any emergency medical/dental care sought for the child(ren), to cooperate on health matters concerning the child(ren) and to keep one another reasonably informed. Both parents agree to keep each other informed as to names, addresses and telephone numbers of all medical/dental care providers.
- ☐ Both parents will make major medical decisions together, except for emergency situations as noted above. If the parents do not agree, then the final decision regarding medical issues will be with ☐ Mother OR ☐ Father after consultation \_\_\_\_\_.

**G. RELIGIOUS EDUCATION ARRANGEMENTS:**

- ☐ Each parent may take the child(ren) to a church or place of worship of his or her choice during the time that the child(ren) is/are in his or her care.
- ☐ Both parents agree that the child(ren) may be instructed in the \_\_\_\_\_ faith.
- ☐ Both parents agree that religious arrangements are not applicable to this plan.

**H. ADDITIONAL ARRANGEMENTS AND COMMENTS:**

- ☐ **NOTIFY OTHER PARENT OF ADDRESS CHANGE.** Each parent will inform the other parent of any change of address and/or phone number in advance **OR** within \_\_\_\_\_ days of the change.
- ☐ **NOTIFY OTHER PARENT OF EMERGENCY.** Both parents agree that each parent will promptly inform the other parent of any emergency or other important event that involves the child(ren).
- ☐ **TALK TO OTHER PARENT ABOUT EXTRA ACTIVITIES.** Each parent will consult and agree with the other parent regarding any extra activity that affects the child(ren)'s access to the other parent.
- ☐ **ASK OTHER PARENT IF HE/SHE WANTS TO TAKE CARE OF CHILD(REN).** Each parent agrees to consider the other parent as care-provider for the child(ren) before making other arrangements.
- ☐ **OBTAIN WRITTEN CONSENT BEFORE MOVING.** Neither parent will move with the child(ren) out of the Phoenix metropolitan area without prior written consent of the other parent, or a court ordered Parenting Plan.
- ☐ **COMMUNICATE.** Each parent agrees that all communications regarding the child(ren) will be between the parents and that they will **not** use the child(ren) to convey information or to set up parenting time changes.
- ☐ **PRAISE OTHER PARENT.** Each parent agrees to encourage love and respect between the child(ren) and the other parent, and neither parent shall do anything that may hurt the other parent's relationship with the child(ren).
- ☐ **COOPERATE AND WORK TOGETHER.** Both parents agree to exert their best efforts to work cooperatively in future plans consistent with the best interests of the child(ren) and to amicably resolve such disputes as may arise.
- ☐ **PARENTING PLAN.** Both parents agree that if either parent moves out of the area and returns later, they will use the most recent **"Parenting Plan/Access Agreement"** in place before the move

- ☐ or the minimum Maricopa County Access Guidelines until other arrangements can be worked out.
- ☐ **NOTIFY OTHER PARENT OF PROBLEMS WITH TIME-SHARING AHEAD OF TIME.** If either parent is unable to follow through with the time-sharing arrangements involving the child(ren), that parent will notify the other parent as soon as possible.
- ☐ **MEDIATION.** If the parents are unable to reach a mutual agreement regarding a legal change to their parenting orders, they may request mediation through the court or a private mediator of their choice.
- ☐ **DO NOT DEVIATE FROM PLAN UNTIL DISPUTE IS RESOLVED.** Both parents are advised that while a dispute is being resolved, neither parent shall deviate from this Parenting Plan, or Act in such a way that is inconsistent with the terms of this agreement.

**NOTICE TO PARENTS:** Once this Plan has been made an order of the court, if either parent disobeys the court order related to parenting time with the child(ren), the other parent may submit court papers to Expedited Parenting Time Services for possible enforcement. See the Self-Service Center materials for help.

**I. SIGNATURE OF BOTH PARTIES**

Signature of Mother: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Father: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 3: JOINT CUSTODY AGREEMENT (IF APPLICABLE):**

- A.** ☐ **JOINT CUSTODY AGREEMENT:** If the parents have agreed to joint custody, the following will apply, subject to approval by the judge:
- 1. REVIEW PARENTING PLAN.** The parents agree to review the terms of the joint custody agreement and make any necessary or desired changes every \_\_\_\_\_ months from the date of this document.
  - 2. CRITERIA.** Our joint custody agreement meets the criteria required by Arizona law (A.R.S. §25-403):
    - a.** The best interests of the child(ren) are served;
    - b.** Each parent's rights and responsibilities for personal care of the child(ren) and for decisions in education, health care and religious training are designated in this Plan;
    - c.** A schedule of the physical residence of the child(ren), including holidays and school vacations is included in the Plan;
    - d.** The Plan includes a procedure for periodic review;
    - e.** The Plan includes a procedure by which proposed changes, disputes and alleged breaches may be mediated or resolved;
    - f.** The parties understand that joint custody does not necessarily mean equal parenting time.

**B. SIGNATURE OF BOTH PARENTS REQUESTING JOINT CUSTODY**

Signature of Mother: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Father: \_\_\_\_\_ Date: \_\_\_\_\_

(1) Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Representing: ☐ Self ☐ Attorney  
State Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA**  
**IN \_\_\_\_\_ (2) COUNTY**

(3) \_\_\_\_\_ )  
Petitioner/Plaintiff, )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
DOB \_\_\_\_\_ SSN \_\_\_\_\_ )  
VS. \_\_\_\_\_ )  
\_\_\_\_\_) )  
(4) \_\_\_\_\_ )  
Respondent/Defendant, )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
DOB \_\_\_\_\_ SSN \_\_\_\_\_ )

Case No. (5) \_\_\_\_\_

ATLAS No. \_\_\_\_\_

**PARENT'S WORKSHEET  
FOR CHILD SUPPORT AMOUNT**

Prepared By:  
(6) ☐ Father ☐ Mother  
☐ Court ☐ State

**MONTHLY GROSS INCOME**

**Total Monthly Gross Income**

(7) Estimated/Attributed to: ☐ Father ☐ Mother  
(Explanation is required on the sheets following  
the signature page at Item 7)

Adopted by Court ☐ Yes ☐ No

Father Mother

\_\_\_\_\_ ( 8) \_\_\_\_\_

**ADJUSTMENTS TO MONTHLY GROSS INCOME**

(Can be an addition or deduction)

Court-Ordered Spousal Maintenance Actually Received +/- Paid \_\_\_\_\_ ( 9) \_\_\_\_\_

Court-Ordered Child Support Actually Paid or \_\_\_\_\_ (10) \_\_\_\_\_

Contributed for Children of Other Relationships \_\_\_\_\_ (11) \_\_\_\_\_

Cost of Supporting Children of Other Relationships \_\_\_\_\_ (12) \_\_\_\_\_  
(Explanation is required on the sheets following the  
signature page at Item 11)

**Adjusted Monthly Gross Income for Each Parent** \_\_\_\_\_ (12) \_\_\_\_\_  
(add or subtract lines 9 through 11 from line 8)

**COMBINED ADJUSTED MONTHLY GROSS INCOME**

Add both amounts from line 12 together.

(13) \_\_\_\_\_

Need Help with the calculations? Call 602-506-3762 for an appointment for assistance at the Phoenix, Surprise, or Mesa courthouse locations. Ask for the "Calculations Department."

### **BASIC CHILD SUPPORT OBLIGATION**

Number of children for whom support is requested: (14) \_\_\_\_\_  
provide details on the sheets following the  
signature page at Item 14)

Basic Child Support Obligation (from the Schedule) (15) \_\_\_\_\_

### **ADJUSTMENTS FOR NECESSARY EXPENSES**

You may need to complete items 30-31; (Explanation is required  
on the sheets following the signature page.)

	<u>Father</u>	<u>Mother</u>
Medical/Dental Insurance Costs for Children	_____ (16)	_____
Child Care Costs	_____ (17)	_____
Adjusted for Tax Credit	_____ (17a)	_____
Extra Education Costs	_____ (18)	_____
Extraordinary/Special Needs Child Costs	_____ (19)	_____
Court-Ordered Visitation/Exchange Costs	_____ (20)	_____
Number of Child(ren) 12 and Over _____ 0 - 10% _____	(21) _____	_____
<b>Total Adjustments for Necessary Expenses</b>	(22) _____	_____

### **TOTAL CHILD SUPPORT OBLIGATION**

Total Child Support Obligation (add lines 15 and 22) (23) \_\_\_\_\_

### **EACH PARENT'S PERCENTAGE (%) OF COMBINED INCOME**

	<u>Father</u>	<u>Mother</u>
Calculate for each parent:		
Parents' Adjusted gross income (from line 12)	_____ (24)	_____
Combined adjusted gross income (from line 13)	_____ (25)	_____
Parents' Adjusted gross income DIVIDED BY combined adjusted gross income EQUALS	_____ % (26)	_____ %

### **EACH PARENT'S PERCENTAGE (%) OF THE TOTAL SUPPORT OBLIGATION**

Calculate for each parent:

Total child support obligation (from line 23)	_____ (27)	_____
Percentage of combined adjusted gross income (from line 26)	_____ % (28)	_____ %

Percentage TIMES the total obligation EQUALS the amount of the parent's support obligation \_\_\_\_\_ (29) \_\_\_\_\_

**COMPLETE THIS SECTION FOR COSTS PAID BY THE NON-CUSTODIAL PARENT:**

Father

Mother

**ADJUSTMENT FOR COSTS ASSOCIATED WITH VISITATION**

Requested Adjustment to be completed for paying parent **ONLY**

Using ☐ Table A Or ☐ Table B

Number of Visitation Days \_\_\_\_\_ Per year (Explain on page 7)

Visitation Table Percentage \_\_\_\_\_ X Line 15 = \_\_\_\_\_ (30) \_\_\_\_\_

**MEDICAL INSURANCE MONTHLY PREMIUM ADJUSTMENT**

Enter the monthly amount of the medical/dental insurance premium paid directly to an insurance carrier by the non-custodial parent (from line 16) [Guidelines 11] \_\_\_\_\_ (31) \_\_\_\_\_

**CHILD CARE ADJUSTMENT**

Enter the monthly amount paid directly by the non-custodial parent for work-related child care. (From line 17a) \_\_\_\_\_ (31) \_\_\_\_\_

**EXTRA EDUCATION ADJUSTMENT**

Enter the monthly amount paid directly by the non-custodial parent for extra education costs agreed upon by both parents or ordered by the court. (From line 18) \_\_\_\_\_ (31) \_\_\_\_\_

**EXTRAORDINARY/SPECIAL NEEDS CHILD ADJUSTMENT**

Enter the monthly amount paid directly by the non-custodial parent for costs associated with special needs of gifted or handicapped children. (From line 19) \_\_\_\_\_ (31) \_\_\_\_\_

**COURT-ORDERED VISITATION/EXCHANGE ADJUSTMENT**

Enter the monthly amount paid directly by the non-custodial parent for costs associated with court-imposed supervised exchanges. (From line 20) \_\_\_\_\_ (31) \_\_\_\_\_

**ADJUSTMENTS SUBTOTAL**

Add lines 30 and 31. \_\_\_\_\_ (32) \_\_\_\_\_

**PRELIMINARY CHILD SUPPORT AMOUNT**

Deduct line 32 from line 29. \_\_\_\_\_ (33) \_\_\_\_\_

IF YOU HAVE SOLE CUSTODY, PERFORM THE SELF-SUPPORT RESERVE TEST (LINE 36) AND GO TO LINE 38.

IF YOU HAVE ALTERNATIVE CUSTODY ARRANGEMENTS, COMPLETE EQUAL TIME SHARING (LINE 34) OR MULTIPLE CHILDREN (LINE 35) SECTIONS AND THE SELF SUPPORT RESERVE TEST (LINE 36); THEN GO TO LINE 38.

**EQUAL TIME SHARING WHEN INCOMES ARE NOT EQUAL**

Father

Mother

Prepare a Parent's Worksheet where neither party receives a visitation adjustment. Determine which parent has the lower support amount on line 33, deduct the lower amount from the higher amount, divide that amount in half. The resulting amount is paid by the parent with the higher preliminary child support amount to the parent with the lower preliminary child support amount. Explain on the sheets following the signature page.

\_\_\_\_\_ (34) \_\_\_\_\_

**MULTIPLE CHILDREN, DIVIDED CUSTODY**

Prepare a Parent's Worksheet to determine support for children in the Mother's household and a separate worksheet for children in the father's household. Determine which parent has the lower support amount from line 33, deduct the lower amount from the higher amount. The resulting amount is paid to the parent with the lower obligation. Explain your calculations on the sheets following the signature page.

\_\_\_\_\_ (35) \_\_\_\_\_

**SELF-SUPPORT RESERVE TEST**

Paying parent's Adjusted Gross Income from line 12

\_\_\_\_\_ (12) \_\_\_\_\_

Minus reserve

( \$710 ) (36a) ( \$710 )

Minus arrears

( ) (36b) ( )

RESULT

\_\_\_\_\_ (37) \_\_\_\_\_

If the amount from line 37 above is less than the Preliminary Child Support Amount, line 33, the court MAY order the resulting amount as child support order on line 37, absent a deviation.

**AMOUNT TO BE ORDERED BY THE PARENT ORDERED TO PAY  
BASED ON THESE CALCULATIONS**

Enter the lesser of the amounts shown on line 33, 34, 35 or 37.

\_\_\_\_\_ (38) \_\_\_\_\_

**DEVIATION FROM THE GUIDELINES SUPPORT AMOUNT**

If you believe the Guidelines support amount is too high or too low in your case, enter the amount which you believe the court should order as child support in this case. Explain why on the sheets following the signature page.

\_\_\_\_\_ (39) \_\_\_\_\_

**RESPONSIBILITY FOR VISITATION-RELATED TRAVEL EXPENSES**

Enter on this line the amount or percentage you think each parent should pay towards the travel/transportation expenses associated with visitation. The allocation of travel expenses does not change the amount of the support ordered. Explain on the sheets following the signature page. \_\_\_\_\_ (40) \_\_\_\_\_

**RESPONSIBILITY FOR MEDICAL EXPENSES NOT PAID BY INSURANCE**

Father

Mother

Percentage of uninsured medical expenses that each parent should pay. \_\_\_\_\_ (41) \_\_\_\_\_

I have read this document, and the facts are true and correct to the best of my knowledge or belief.

Date \_\_\_\_\_ (42)  
Signature of Person Filing

State of Arizona )  
 )ss. Acknowledged before me on this date: \_\_\_\_\_  
County of \_\_\_\_\_ )

My Commission Expires: \_\_\_\_\_  
Notary Public or Clerk

I have read this document, and the information provided is an accurate representation of the facts as supplied to me by \_\_\_\_\_.

Date: \_\_\_\_\_  
Attorney Filing

**BASIS FOR AMOUNTS SHOWN ON WORKSHEET**

**( 7) Estimated/Attributed Income** - Explain why you believe the other party is or could be earning the amount you indicated. Be as specific as possible. See the instructions for item 7 for examples. (Guidelines 4.e.)

**(11) Cost of Supporting Children of Other Relationships** - List the names and ages of the natural or adopted children for whom you are requesting an adjustment and describe the support you provide for these children. [Guidelines 5.a., 5.b., and 5.c.]



(11 – cont.) Name(s)

Date(s) of Birth(s)

Social Security Number(s)

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**(14) Children for whom Support is Requested** - List the name(s) and age(s) of the natural or adopted child(ren) for whom you are requesting support.

Name(s)

Date(s) of Birth

12 or over  
Y / N

Social Security Number(s)

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**(17) Child Care Costs** - If the custodial parent's income is in excess of the chart in Guidelines 8.b.1., the court may adjust the cost of day care in order to apportion the dependent care tax credit benefit. The court may reduce the annualized amount of day care by 25% with a maximum monthly reduction of \$50 per month for one child, \$100 per month for two or more children.

**Custodial Parent**

Monthly Child  
Care Costs

X

Number  
of months

=  
Annual  
Cost

X .75

=  
Adjusted  
Cost

÷ 12 =

Adjusted  
Monthly Cost

X

\_\_\_\_\_ =

\_\_\_\_\_

X .75

=

\_\_\_\_\_ ÷ 12 =

\_\_\_\_\_

**Non-custodial Parent**

Monthly Child  
Care Costs

X

Number  
of months

=  
Annual  
Cost

÷ 12 =

Adjusted  
Monthly Cost

X

\_\_\_\_\_ =

\_\_\_\_\_

÷ 12 =

\_\_\_\_\_

**(21) Child 12 and Over** - Follow the worksheet instructions for item 21. Explain why you need extra money to support the child(ren) age 12 and over. (Guidelines 8.b.2.)

**(30) Adjustment for Costs Associated with Visitation** - Calculate the number of visitation days per year. (Guidelines 10)

Extended periods \_\_\_\_\_ days

Weekend periods \_\_\_\_\_ days

Holidays periods \_\_\_\_\_ days

Midweek periods \_\_\_\_\_ days

School breaks \_\_\_\_\_ days

Other periods \_\_\_\_\_ days

Upon proof that certain costs usually incurred in the custodial household are NOT substantially or equally shared by both parents, Visitation Table B must be used. Explain the basis of the requested adjustment:

**(34) Equal Time Sharing, Unequal Incomes** – ***IF*** the amount entered on Line 38 was taken from Line 34, show how you arrived at the amount on line 38: (Guidelines 10)

Enter the Higher of the two amounts listed on line 33: \_\_\_\_\_

Enter the Lower of the two amounts listed on line 33: \_\_\_\_\_

Subtract the Lower amount. The Result is: \_\_\_\_\_

Divide the Amount of the Result by 2 (Result ÷ 2) = \_\_\_\_\_

**(35) Multiple Children, Divided Custody** – ***IF*** the amount entered on Line 38 was taken from line 35, show how you arrived at the amount on line 38. (Guidelines 14)

Enter the Higher of the two amounts listed on line 33: \_\_\_\_\_

Enter the Lower of the two amounts listed on line 33: \_\_\_\_\_

Subtract the Lower amount. The Result is: \_\_\_\_\_

**(39) Deviation From the Guidelines Support Amount** - If you believe the Guidelines support amount is too high or too low in your case, explain why. **READ THE GUIDELINES GENERALLY AND SECTION 18 IN PARTICULAR.** (This does not include physical custody adjustments; those are considered in item 30.) Show the total support amount you believe should be ordered. A deviation can only be ordered if the court makes appropriate findings. [Guidelines 18]

**Requested Support Amount: \$** \_\_\_\_\_

**(40) Visitation-Related Travel Expenses** - Describe the anticipated visitation plan and related travel/transportation costs. The court may consider how the conduct of each parent has contributed to such costs. Explain how you think the cost should be divided between the parents. Enter the amount or percentage you think each parent should pay on line 38. The allocation of travel expenses does not change the amount of the support ordered. (Guidelines 16)

**Federal Tax Exemption** - Explain how you want the tax exemptions for the child(ren) allocated and the reason for such an allocation. [Guidelines 26]

## THE SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

(1) \_\_\_\_\_ )  
Petitioner/Plaintiff )  
vs. )  
(2) \_\_\_\_\_ )  
Respondent/Defendant )

(3) Case Number: \_\_\_\_\_

(4) ATLAS Number: \_\_\_\_\_

### ORDER OF ASSIGNMENT

TO: Current and future employers or other payors of:

(5)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

This order modifies and replaces any previous ***“Order of Assignment”*** with the same case number.

You shall withhold court-ordered payments as follows:

Current Child Support	\$ _____
Current Spousal Maintenance/Support	\$ _____
Payments on Arrears / Interest	\$ _____
Clearinghouse Handling Fee	\$ _____ 2.25 per month*
<b>TOTAL AMOUNT</b> per month	\$ _____, <b>but no more than</b>

**50% of disposable earnings** (A.R.S. § 33-1131). \*The Clearinghouse handling fee is set by statute and subject to change (A.R.S. § 25-510).

This ***“Order of Assignment”*** is effective immediately upon receipt by an employer or other payor, including self-employed persons, and continues until further Order, or until a period of 90 continuous days from the last payment to the Obligor. If you are again obligated to pay monies to the Obligor within 90 days, you are again bound by **this *“Order of Assignment.”*** Payment must be sent to the Support Payment Clearinghouse within two (2) business days of the date the monies were withheld.

**You shall NOT discharge or otherwise discipline the person named in this assignment, because of service of this *“Order of Assignment.”***

The above ATLAS number and employee's name **must** appear on the *Transmittal Form or check*. Make payments payable and send to:

**Support Payment Clearinghouse, P.O. Box 52107, Phoenix, AZ 85072-2107**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Judicial Officer or Clerk of Superior Court

## **CURRENT EMPLOYER INFORMATION**

You may also fill out this form online at the Family Support Center Website at:

<http://www.familysupportcenter.maricopa.gov>

### **THIS FORM MUST BE COMPLETED FOR:**

- ☐ **AN ORDER OF ASSIGNMENT (STAPLE TO THE ORDER OF ASSIGNMENT)**
- ☐ **ORDER TO STOP AN ORDER OF ASSIGNMENT (STAPLE TO THE STOP ORDER)**
- ☐ **NOTIFICATION OF A CHANGE OF EMPLOYER**

**CASE NUMBER:** \_\_\_\_\_ **ATLAS NUMBER:** \_\_\_\_\_

**PAYOR NAME:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
**(PERSON TO MAKE PAYMENTS)**

**LIST ONLY THE EMPLOYER'S NAME AND PAYROLL ADDRESS WHERE THE ORDER OF ASSIGNMENT OR STOP ORDER SHOULD BE MAILED.**

**CURRENT EMPLOYER NAME:** \_\_\_\_\_

**PAYROLL ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMPLOYER TELEPHONE:** \_\_\_\_\_

**EMPLOYER FAX:** \_\_\_\_\_

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**FOR COURT USE ONLY. DO NOT WRITE BELOW THIS LINE.**

### **WA/FSC**

WA/LOG ID:	_____
TYPE OF W/A	_____
DATE	_____
AMOUNT OF ORDER	_____
EMPLOYER STATUS	_____
ENTERED BY	_____
NEW W/A	_____
AG	_____
	SUB _____
	DCSE _____

Case No. \_\_\_\_\_

ATLAS No. \_\_\_\_\_

## JUDGMENT DATA SHEET (FOR INTERNAL USE ONLY\*)

**ATTENTION: COURT DIVISION AND STAFF. DO NOT FILE THIS DOCUMENT. DO NOT DISTRIBUTE THE COMPLETED JUDGMENT DATA SHEET TO THE PARTIES. THIS FORM IS FOR CLERK OF COURT INTERNAL USE ONLY.**

### PERSON TO RECEIVE PAYMENTS:

Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Other (cell, pager): \_\_\_\_\_

Email Address: \_\_\_\_\_

### PERSON TO MAKE PAYMENTS:

Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Other (cell, pager): \_\_\_\_\_

Email Address: \_\_\_\_\_

**EMPLOYER INFORMATION FOR PERSON MAKING PAYMENTS:** Firm Name: \_\_\_\_\_

Payroll Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### CHILDREN:

Name	Gender (M/F)	Date of Birth	Social Security No. (if available)
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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☐ Additional children listed on attached sheet.

### FOR COURT USE ONLY

Order Date: _____	Type of Order: _____			
Current Child Support	Arrearages	Current Spousal Maint.	Arrearages	Miscellaneous
Amount _____	Amount _____	Amount _____	Amount _____	Med Ins _____
Frequency _____	Frequency _____	Frequency _____	Frequency _____	Frequency _____
Due Date _____	Total _____	Total _____	Total _____	Med Bills _____
	Thru Date _____	Due Date _____	Thru Date _____	Frequency _____
	Due Date _____		Due Date _____	Due Date _____